DESIGNATION OF QUALIFIED EMPLOYEE (QE) FORM

Use this form for initial license submissions and for any subsequent changes in the Qualified Employee. (Form not required if the QE is also the owner)

Mail to: DIVISION OF MORTGAGE LENDING
NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
400 W King Street, Suite 406
Carson City, NV 89703

The undersigned hereby makes application to the Commissioner of the Mortgage Lending Division for designation as the Qualified Employee for a Mortgage Broker/Banker.

Qualified Employee Information

Name					
First	Middle	Last			
Home addressStreet		O'.	G		
		City	State	Zip	
Social Security Number					
Mortgage Broker/Banker	Information (Indicate t	he office location at wl	hich the QE will work)	
Name		license #			
Address					
Street		City	State	Zip	
Telephone number					
REQUIRED ITEMS NEED 1. Child Support Statement (
2. Personal History Record				port obligations)	
3. Fingerprint cards complet			9	,	
4. Support of two years emp	loyment in mortgage len	iding/brokering (W-2,	1099, letter from empl	oyer)	
I declare, under penalty of	f perjury, that I have re	ead the foregoing, an	d it is true to the bes	st of my	
knowledge and belief.				·	
Signature of proposed Qu	alified Employee:				
Signature of proposed Qu	anned Employee	 			
Principal Officer signatur	e:				
Print Principal Officer na	ame: Date:				

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